

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001213

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 29

STATE FILE NUMBER

FILED JAN 14 1963

1. PLACE OF DEATH

a. COUNTY

Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)

Springfield

Length of stay in 1b

16 years

c. FULL NAME OF (If NOT in hospital, give location)

St. John's Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Greene

c. CITY

OR

TOWN

Springfield,

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

2364 Wallis Smith

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

SARA

Middle

ELIZABETH

Last

SPHAR

4. DATE
OF DEATH

Month

January

Day

5,

Year

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

September 4, 1916

9. AGE (last birthday)

46

IF UNDER 1 YEAR

Months 4 Days 1

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

In Home

11. BIRTHPLACE (City and state or country)

Blooming Rose, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Alba W. Ray, Sr.

13b. MOTHER'S MAIDEN NAME

Rosella Williams

14. NAME OF HUSBAND OR WIFE

Ira E. Sphar

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

None

16. SOCIAL SECURITY NO.

17. INFORMANT

Ira E. Sphar

Address

Springfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cancer breast, rt
with liver
metastases

DUE TO (b)

DUE TO (c)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

INTERVAL BETWEEN
ONSET AND DEATH

5 1/2 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

12/29/62 to 1/5/63

and last saw her alive on 1/5/63

Death occurred at

8:25 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Chas E Lockhart MD

22b. ADDRESS

609 Cherry

22c. DATE SIGNED

1/9/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Jan. 7, 1963

23c. NAME OF CEMETERY OR CREMATORY

Licking

23d. LOCATION (City, town, or county)

Licking, Missouri

24. FUNERAL DIRECTOR

Gorman-Scharpf Funeral Home, Inc.
Springfield, Missouri

25. DATE RECD. BY LOCAL REG.

1-11-63

26. REGISTRAR'S SIGNATURE

Effie E. Dye

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

6397

20397

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9170X

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124-0

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed L. Doolin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.